■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Merchants Guardt Security 4. The Glewlate Milford Rd. Cinti. OH. 45242 A. Signaidre, X J Mustry Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		-00238-COMPLETE THIS SECTION ON DELIV	VERY Filed 05/1	
Certified Mail	Restricted Delivery is desired. In name and address on the reversive can return the card to you. In scard to the back of the malipier of front if space permits. I dressed to: I what Security Securi	B. Received by (Printed Name) H. H	Addressee Date of Delivery Yes	
A Prostricted Collision 2 /Futro Fool	, OH, 4524D	Certified Mail		
4. hestricted belivery? (Extra Fee) Li Yes		4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Transfer from service label) 7002 0850 0000 3408 558		7002 0860 0000 1408 65	58	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	311, August 2001 Don	nestic Return Receipt	102595-02-M-1540	